

**STATE OF MICHIGAN
DEPARTMENT OF LICENSING & REGULATORY AFFAIRS
MICHIGAN ADMINISTRATIVE HEARING SYSTEM
MICHIGAN TAX TRIBUNAL
SMALL CLAIMS DIVISION**

**PROPERTY TAX APPEAL PETITION FORM
SPECIAL ASSESSMENT**

Respondent's Contact Information:

Local Unit of Government		
Mailing Address (No., Street, P.O. Box or Rural Route)		
City or Town	State	ZIP Code
Telephone Number	Fax Number	
E-mail Address		

Attorney/Authorized Representative's Contact Information:

First Name	M.I.	Last Name
Firm Name (if any)		
Address (No., Street, P.O. Box or Rural Route)		
City or Town	State	ZIP Code
Telephone Number	Fax Number	
E-mail Address		

Please Explain Your Answer to this Appeal:

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Jurisdictional Issues:

Parcel Identification Number(s):	
Did Petitioner protest the special assessment at the hearing held to confirm the special assessment roll? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What was the date of the hearing held to confirm the special assessment roll?	
How many years is the special assessment being levied?	What is the total amount of the special assessment being levied?
What is the basis for the special assessment? Please identify the applicable statutory provision.	

Signature:

Respondent's Signature:
Attorney or Authorized Representative's Signature: